Home and Community Based Settings Transition Project Advisory Taskforce Meeting March 10, 2015

<u>Welcome and Introductions</u>: Lisa DiMartino, Adrienne Mallinson, Ryan Donnelly, Cynthia Gaudreault, Carol Stamatakis (for David Ouellette), Christine Selmer, Jan Skoby (for John Fenley), Susan Lombard, Kaarla Weston, Dan Klein

Advisory Taskforce Overview:

Transition Plan Overview:

- Using an overhead and handouts Dan completed a Transition Plan Overview, focusing on the aspects of high level transition plan:
 - 1. Inventory
 - 2. Assessment
 - 3. Remediation and Compliance
 - 4. Outreach and Transparency
 - 5. Public Comment: Draft Comprehensive Transition Plan
- Dan highlighted timeframes that are relevant to this group's responsibilities.

Question Who is Transition Framework Team?

Answer It is a collaborative effort with DHHS and IOD.

Question How will group get summaries of meetings? Alternates need to be

made aware.

Answer We will be using an electronic system. There is additional work to be

done to ensure everyone has access to information.

<u>Settings Requirement/Person-Centered Planning/Conflict Free Case Management</u>:

- Dan provided brief information relative to the new settings requirements: reviewed expectations by CMS. Emphasized: Autonomy and Independence, choices
- Each seat of advisory Taskforce has a delegate, a role to play back to respective communities, please bring back feedback and points of clarification from your respective communities.

- CMS has accepted other plans from other states. NH will be reviewing approved plans and potentially adopting aspects of their plans. NH has discussed plans with other states.
- Susan Lombard updated on conflict free Case Management.
- Kaarla provided a brief update on person centered planning.
- Dan explained: The final rule has 3 requirements involving PCP, Conflict Free Case Management and the Settings Requirement. There are three separate parallel processes. We are focused on the "Settings Requirements." This group is responsible for one of the three requirements in which the state has five years (4 remaining) to be in compliance.

A request was made to provide the link to website. This will be provided in a central location, which is currently being researched. Minutes to meetings will also be posted in that same manner.

A request was made to provide the members of the group with a spreadsheet containing the names of all sites- for settings.

Assessment Process:

- Dan provided a summary of the High Level and Timeframes for input to the process.
- A copy of the provider assessment tool developed by Georgia was distributed to the group. Members were asked to review this and highlight areas that do not fit NH, as well as areas felt to be useful to be included in the New Hampshire assessment tool. The transition team will be doing the same review of the Georgia plan.
- Once we complete a Provider Assessment for New Hampshire, we will pilot it with a small number of providers, to determine the best questions. In April we will submit our draft provider assessment tool. Based on their response we may need to modify the assessment.

Question Is this a separate mechanism for providers and individuals?

Answer There are two tools submitted to CMS. Georgia has a provider tool and a separate tool for individuals.

Next Steps:

- We will start with a provider assessment and then work on a consumer assessment next.
- After this group completes the review of the assessments, the next step will be to spend time on remediation efforts.
- We will be looking at separate waivers, starting with CFI, first.
- The original plan for the Advisory Taskforce was for it to have 17 seats. This was expanded as a result of public comment. Feedback from stakeholders assisted this process.
- During the assessment process, the team will also be looking for feedback from the Taskforce on data collected and the sample validation plan. An independent entity will validate provider assessment. A summary of the results will be compiled and distributed to this group for feedback.
- A narrative white paper based on assessments will summarize comprehensive transition plan to bring us in compliance. This group has a significant role in that plan.
- The Taskforce will also be consulted for policy development about a year from this time including ongoing monitoring and compliance, as we need to provide CMS assurances that changes are being monitored and will continue.
- This Advisory Taskforce will be consulted continually, and at regular intervals the transition team will consult with this group will for feedback.
- The Advisory Taskforce is specifically comprised of individuals representing all the different affected areas. The expectation is that the individual holding the seat representing a particular group will continually touch base with others for comments and input. The representative will then bring those comments back to the Taskforce for inclusion in discussions and conversation.

- The final transition plan will be submitted to CMS in approximately one year. The state of New Hampshire has roughly 3 years after that to establish compliance upon completion of final transition plan. CMS will give us feedback.
- The group was provided with the states response to questions presented at the
 public comment sessions and was given a few minutes to review the responses and
 ask questions.

Other/Questions:

Question Comment regarding DSP seat on the Taskforce – Will David Ouellette

be doing double duty?

Answer Yes, that was the expectation.

Question Since DSP is such an important role; would it be possible for the

Taskforce to convene a panel of DSPs at some point? Perhaps pull together a group so that there would be two-way communication with

a constituency.

Answer Individual groups can develop advisory councils, to provide input and

discuss. Any of these groups are always welcome to invite members of

this Taskforce to attend their meetings.

Question There is currently one person in attendance at this meeting with a

disability. Will those invited to be part of this Taskforce be provided

with support?

Answer Yes, we will reimburse for transportation, a support person, or for

respite. Sue Orr is the contact person for reimbursement for this.

Question There is a concern from many of the sites regarding locked doors on

bedrooms, food availability, and keys to doors. This is a concern for some of our smaller settings. Will this group get into that level of

detail?

Answer Yes, we will dive into the remediation or respond to requirement,

health/safety.

Question CMS expectations, is there an opportunity for CMS to provide

clarification to this group?

Answer We discussed the benefits pros and cons of entire group discussing

with CMS. DHHS will seek technical assistance from CMS as needed on an ongoing basis when presented with specific questions that

require clarification.

Question A question was posed regarding the response to comment number 25,

regarding nursing home properties and adult day. Need more info.

Answer Susan shared that we will want to look carefully on how that is

addressed. The response to that question is brief because we need

more tangible data to be informed about how to address the

remediation issue.

Question Which settings will be under the waiver?

Answer HCBC funding will need to be flushed out for the adult day. Re: 521

and 525, concern about isolation was raised and not having access to the community. We want to make sure we do not ignore the day

programs for individuals in all 4 waivers.

• Meetings are scheduled regularly for the 2nd Wednesday of the month. Next meeting will be April 8th at the IOD Professional Development Center.

• The official website for the waiver transition program, where all the documents and information can be found, is: http://www.dhhs.nh.gov/ombp/Medicaid/draft-transition-framework.htm